

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0974-5723

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.						
TOTAL CLAIMS						

	* IND.		* DEP.		* IND.		* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51								
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98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

TOTAL 14
IN. 14

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS ONLY

SERIAL NO.

09/745,763

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
251						
252						
253						
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265			1			
266			1			
267			1			
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300						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS			3			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

CLAIMS ONLY

SERIAL NO.

09/745,763

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS